Docket No.: 106659

APPLICATION FOR UNITED STATES PATE **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original first and sole inventor (if only one name is listed below)

plural inventors are	named below) of the	subject matter which is claim	ed and for which a patent is sought on the ND METHOD FOR PRODU	e invention entitled:				
	ned in the specificatio			CING THE SAME				
Check one	•							
	attached hereto.							
ъ. 🗖	filed on	as Application No.	and amended on	(if applicable).				
amended by any an I acknow Code of Federal Re Under T application(s) filed	nendment referred to wledge the duty to di egulations, §1.56. Fitle 35, U.S. Code by me or my legal re	above. sclose to the Office all inform §119, the priority benefits of	contents of the above-identified specification known to me to be material to particle for the following foreign application(s) as in one year prior to this application are h	tentability as defined in Title 37,				
of America either (owing application(s) (a) more than one year es provisional applicat	prior to this application, or (b	ate on this invention were filed in count) before the filing date of the above-nam	ries foreign to the United States and foreign priority application(s)				
and to transact all b	appoint the following	as my attorneys of record wi	th full power of substitution and revocat	tion to prosecute this application				
7 5 1	James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Registration No. 34,463.							
ALL CORRESPONDED IN THE PROPERTY IN THE PROPER	9928, ALEXANDRI declare that I have reveal that all statements that willful false statements	A, VIRGINIA 22320, TELE riewed and understand the corts made on information and be ements and the like so made	APPLICATION SHOULD BE SENT EPHONE (703) 836-6400. Intents of this Declaration, and that all statelief are believed to be true; and further are punishable by fine or imprisonment, ents may jeopardize the validity of the	atements made herein of rmy own that these statements were made or both, under Section 1001 of				
Typewritten Full Name of First or Sole Inventor		Fumio		Odaka				
*Investor's Signature		Given Name	Middle Initial	Family Name				
*Inventor's Signature *Date of Signature:	<u> </u>	June	15	Odela .				
Date of Signature.				2000				
Residence:	Niiza-shi City		Day Saitama-ken	Year Japan				
				Japan				
Citizenship:	Japanese	City	State or Province	Country				
- x -	Post Office Addre (Insert complete		rihara, Niiza-shi, S	Saitama-ken,				
	mailing address, including country)	Japan						

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE **\{**

10/96

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

Typewritten Full Name of Second Joint Inventor (if any)		Kazuhiro		Ushita
**Inventor's Signature	;	Given Name KAZUHIRO	Middle Initial	Family Name USHITA
**Date of Signature:		June	15	2000
		Month	Day	Year
Residence:	Kodaira	-shi	Tokyo	Japan
Citizenship:	City Japanese		State or Province	Country
	Post Office Address: (Insert complete	3-5-5, Ogawah	nigashi-cho, Kod	aira-shi,
	mailing address, including country)	Tokyo, Japan		
Typewritten Full Name of Third Joint Inventor (if any)		Yoshitomo		Takahashi
-	,	Given Name	Middle Initial	Family Name
**Inventor's Signature: **Date of Signature:		YOSHITUMO		TAKAHASHI
Date of Signature.	<u>June</u> Month		15	2000
Residence:	Fujisa	wa-chi	Day	Year
	City	wa-SIII	Kanagawa	Japan
了Citizenship: 二 二	Japanese		State or Province	Country
-	Post Office Address:	4070	-A	
T	(Insert complete mailing address,	1873-2, Eng	yo, Fujisawa-sh	i, Kanagawa,
	including country)	Japan		
Typewritten Full Name of Fourth Joint Invent				
<u> </u>	-	Given Name	Middle Initial	Family Name
Inventor's Signature:				
Date of Signature:	-			
		Month	Day	Year
Residence:			<u> </u>	
Citizenship:	City		State or Province	Country
	Post Office Address: (Insert complete			
	mailing address, including country)			
Typewritten Full Name	_			
of Fifth Joint Inventor				
**Inventor's Signature:	_	Given Name	Middle Initial	Family Name
**Date of Signature:			1.0	
Date of Digizate.		Month	Day	Year
Residence:	Cin			
Citizenship:	City	S	tate or Province	Country
Post Office	: Address:			
	(Insert complete			
	mailing address,			
i	including country)			

yentors: Please sign name exactly as it appears and insert the actual date of signing.

y be executed only when attached to the first page of the Declaration and Power of Attorney form of the which it pertains.